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CONFIRMATION NO. 9495

|   |   |  |   |   |                               |                                     |
|---|---|--|---|---|-------------------------------|-------------------------------------|
| <b>SERIAL NUMBER</b><br>10/661,242  | <b>FILING or 371(c)<br/>DATE</b><br>09/12/2003<br><b>RULE</b>   | <b>CLASS</b><br>435                                      | <b>GROUP ART UNIT</b><br>1636   | <b>ATTORNEY DOCKET<br/>NO.</b><br>4231/2042 |                               |                                     |
| <b>APPLICANTS</b><br>Choong-Chin Liew, Toronto, CANADA;<br>K. Wayne Marshall, Toronto, CANADA;<br>Hongwei Zhang, Toronto, CANADA;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/410,180 09/12/2002 ABN<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>12/08/2003 |   |  |   |   |                               |                                     |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /JENNIFER ANN DUNSTON/<br>Acknowledged Examiner's Signature  |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR<br/>COUNTRY</b><br>CANADA   | <b>SHEETS<br/>DRAWINGS</b><br>915           | <b>TOTAL<br/>CLAIMS</b><br>36 | <b>INDEPENDENT<br/>CLAIMS</b><br>17 |
| <b>ADDRESS</b><br>Kathleen M. Williams, Ph.d<br>EDWARDS ANGELL PALMER & DODGE LLP<br>101 Federal Street<br>Boston, MA 02110<br>UNITED STATES  |   |  |   |   |                               |                                     |
| <b>TITLE</b><br>Diagnosis of mild osteoarthritis by determination of TNFAIP6 and TGFBI RNA levels   |   |  |   |   |                               |                                     |
| <b>FILING FEE<br/>RECEIVED</b><br>1528  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                               |                                     |